

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

AMENDED

03 NOV 13 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066150**

Corporation Name

RESTAURANT OUT OF DENMARK, INC.

Principal Place of Business

Mailing Address

15 S. FEDERAL HWY.
SUITE B1-S, HARBOR PLAZA
DELRAY BEACH FL 33483

1715 S. FEDERAL HWY.
SUITE B1-S, HARBOR PLAZA
DELRAY BEACH FL 33483

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0435582

Applied For

Not Applicable

City & State

City & State

Country

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|--------------|---|--|-----------------------------------|
| D | MOLLER, JORGEN JR. | 2699 N.E. 15TH STREET | POMPANO BEACH FL 33062 |
| D | MOLLER JORGEN SR. | 1715 S FEDERAL HWY B1S | DELRAY BEACH FL 33483 |
| | | | 5000241/64119 |
| | | | 10/27/03--01047--005 **61.25 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | |
|--|---|
| MOLLER, JORGEN JR. 1715 S. FEDERAL HWY. SUITE B1-S, HARBOR PLAZA DELRAY BEACH FL 33483 | Name MOLLER JORGEN SR. Street Address (P.O. Box Number is Not Acceptable) 1715 S. FEDERAL HWY SUITE B1S Suite, Apt. #, Etc. HARBOR PLAZA City DELRAY BEACH State FL Zip Code 33483 |
|--|---|

10. I, being appointed a registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent JORGEN MOLLER SR Date _____
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(5)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: JORGEN MOLLER SR. Date 10-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #